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BIB DATA SHEET

CONFIRMATION NO. 3629

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/648,780	08/26/2003 RULE	514	1644	210121.465C12

APPLICANTS
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**** CONTINUING DATA ******* *WV RB*
 This application is a CON of 10/195,835 07/12/2002
 which is a CIP of 10/125,635 04/16/2002
 which is a CIP of 10/002,603 10/30/2001
 which is a CIP of 09/938,864 08/24/2001 ABN
~~which is a CIP of 09/785,019 02/15/2001 PAT 7,144,581~~
~~which is a CIP of 09/685,830 10/09/2000~~
~~which is a CIP of 09/684,361 10/06/2000 PAT 7,115,272~~
~~which is a CIP of 09/276,484 03/26/1999 ABN~~
~~which is a CIP of 09/164,223 09/30/1998 PAT 7,063,854~~

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
 11/18/2003

Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWINGS 43	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 5
35 USC 119(a-d) conditions met Verified and /RONALD B SCHWADRON/ Acknowledged Examiner's Signature	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials			

ADDRESS
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TITLE
 Compositions and methods for WT1 specific immunotherapy

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)



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CONFIRMATION NO. 3629

SERIAL NUMBER 10/648,780	FILING OR 371(c) DATE 08/26/2003 RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 210121.465C12
APPLICANTS Alexander Gaiger, Seattle, WA; Patricia D. McNeill, Federal Way, WA;				
** CONTINUING DATA ***** This application is a CON of 10/195,835 07/12/2002 which is a CIP of 10/125,635 04/16/2002 which is a CIP of 10/002,603 10/30/2001 which is a CIP of 09/938,864 08/24/2001 ABN				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/18/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY WA	SHEETS DRAWING 43	TOTAL CLAIMS 34
				INDEPENDENT CLAIMS 5
ADDRESS 500				
TITLE COMPOSITIONS AND METHODS FOR WT1 SPECIFIC IMMUNOTHERAPY				
FILING FEE RECEIVED 1324	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	